

Testimony of
Association for Professionals in Infection Control
and Epidemiology (APIC)

Presented by
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North Mississippi Medical Center
Tupelo, MS

Presented to
**House Appropriations Subcommittee on Labor,
Health and Human Services, Education and Related Agencies**

April 20, 2004

Good Morning. My name is Julie Rish McCord and I am an infection control professional at the North Mississippi Medical Center in Tupelo, Mississippi. I am here today representing the Association for Professionals in Infection Control and Epidemiology (APIC).

APIC is a nonprofit, multi-disciplinary, international organization, representing more than 10,000 infection control professionals. APIC's mission is to improve health and promote safety by reducing risks of infection and other adverse outcomes in patients and health care workers.

Our hospitals, the very institutions we depend upon to save our lives, are fighting for their own survival. Many facilities are facing severe nursing shortages. In the worst cases, we have patients waiting for days in Emergency Departments...not only for lack of beds, but also for lack of personnel to staff these beds.

Hospitals and the infection control community also are being asked to prepare for bioterrorist events. As partners in public health preparedness, we are devoting resources to respond effectively to such threats. Meanwhile, our core function – preventing infection transmission to patients and health care workers -- has never been more crucial. In the face of these many challenges, we are now being required to use extremely limited resources to meet unproven, unnecessary regulatory mandates from OSHA -- the Occupational Safety and Health Administration.

On December 31, 2003 (New Years Eve), John Henshaw, Administrator of OSHA, placed two notices in the *Federal Register*. The first stated that OSHA was withdrawing its proposed rule for preventing occupational exposure to tuberculosis. In taking this action, OSHA acknowledged that the widespread implementation of the CDC's TB guidelines and diligent public health efforts have led to the lowest incidence of TB in recorded history. We commend the agency for this decision.

The second notice, however, stated that OSHA would begin to apply the General Industry Respiratory Protection Standard to exposure to patients with potentially infectious tuberculosis. Given that OSHA had, on one hand, just determined that there was no need for regulation specific to TB, why was it now inserting new TB requirements into the General Industry Standard -- a standard that was originally developed for construction, long shoring and marine terminal settings and had never before been applicable to health care settings? Furthermore, OSHA imposed this TB requirement without providing opportunity for public comment.

The General Industry Standard has never applied to exposure to patients with potentially infectious TB. In fact, when it was revised in 1998, the language of the standard specifically stated that its requirements did *not* apply to health care facilities or to exposure to TB. The health care community therefore relied upon the proposed TB rulemaking process for public comment regarding respiratory protection.

The General Industry Respiratory Protection Standard would mandate the annual fit-testing of respirators, which has never been scientifically justified in any of the literature. Fit-testing is extremely time-consuming and will provide no added benefit to health care workers. It was one of the most unnecessary and onerous requirements of the proposed TB rule.

When pressed to reopen the docket of the General Industry Standard for public comment on the newly added TB requirements, Assistant Secretary Henshaw contended that he could not re-open a final rule. It is our understanding that the OSHA Administrator can, at any time, choose to open a final rule for further consideration. In fact, Henshaw did just that when he re-opened the General Industry Standard on December 31, 2003, to include exposure to TB. We believe he can and should open the rule again, to allow for public review and comment.

Facilities are required to be in compliance with this new mandate by July 1, 2004. We are currently in dialogue with OSHA and with other stakeholder organizations, and are requesting a reopening of the docket to ensure that this mandate is based on sound scientific evidence, and to allow affected parties to voice their concerns about the implications of these new requirements. We urge the Subcommittee to lend its voice in support of a public comment period, and to urge a delay in enforcement until at least January 1, 2005.

Thank you for your time.

**HOUSE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND
RELATED AGENCIES**

**Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)**

Your Name: Julie Rish McCord

1) Other than yourself, please list what entity or entities you are representing:
Association for Professionals in Infection Control and Epidemiology

2) Are you testifying on behalf of a Federal, State, or Local Government entity?
No

3) Are you testifying on behalf of an entity other than a Government entity? Yes, a nonprofit professional association representing infection control professionals.

4) Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1999: NONE

5) If you answered "Yes" to question number 3, please list any federal grants or contracts (including subgrants or subcontracts) which were received by entities listed under question number 1 since October 1, 1999, which exceed 10% of the entities revenue in the year received, including the source and amount of each grant or contract to be listed. NONE

6) If you answered "Yes" to question number 3, do any of the entities disclosed in question number 1 have parent organizations, subsidiaries, or partnerships whom you are not representing? N/A

7) If you answered "Yes" to question number 3, please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question number 1. N/A

JULIE RISH MCCORD, RN, BSN, CIC

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I. EDUCATION PREPARATION

Degree	Year	Institution
BSN	1986	University of Mississippi- School of Nursing
BA	1984	University of Mississippi Degree in Liberal Arts-Microbiology/Immunology

II. WORK EXPERIENCE

Title	Years	Institution/Agency
Infection Control Practitioner	3/87-present	North Ms. Medical Center Tupelo, MS.
Staff RN Urology Nurse	6/86-3/87	Our Lady of Lake Med Center Baton Rouge, LA.

III. OTHER QUALIFICATIONS

Certified in Infection Control by CBIC since 1992

In 2003 , assisted APIC in dissolution of the OSHA TB rule.

At the National 2003 APIC Convention received an award in appreciation of outstanding contribution and Service to APIC. Also, recognized for outstanding contribution by our regional APIC chapter

Appointed by National APIC to testify to the House Appropriations Subcommittee on the OSHA TB Ruling in April 1999 and March 2001. I was also appointed by National APIC to present Congressman Roger Wicker with an award in 2000.

APIC Member and Past- President of Chapter 97-1994, 1998
Past member of National Bylaws Committee-APIC (2 years)
APIC National Governmental Affairs Committee member 1999-present
APIC 97 Legislative Representative-1999
APIC 97 Bylaws Chairman-1995-1997
Coordinated first APIC meeting in Mississippi-1998
Member of APIC Chapter 7-Memphis, TN

Co-authored abstract presented to APIC National Convention on Ballard Endotracheal Care System

Completed Basic and Advance Training Course in Infection Control-Atlanta GA.

NMMC Committees: Clinical Product, Safety and Disaster, Nursing Policy and Procedure, Surgical Site PI team, Bioterrorism, Infection Control, Construction Task Force and numerous other task forces.

Head Start Policy Chairperson for a 3 county area-2000-2001. Also, President of the Parent Committee for the local head start schools for 2000-2001.

IV. REFERENCES

Available on Request